

Application for Employment

We are an Equal Opportunity Employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Position Applying For: _____ Date: _____

Location Desired: New Richmond _____ River Falls _____ Referred By: _____

Last Name _____ First Name _____ Middle Int. _____

Social Security Number _____ - _____ - _____

Street Address: _____

City, State, Zip _____

Dates at above address: From: _____ To: _____

Telephone Number () _____ - _____ Email Address: _____

Type of Employment Desired: _____ Full-time _____ Part-time _____ Temporary

Date you can start work ___/___/___ How did you hear about us? _____

Do you have any objection to working overtime if necessary? _____ Yes _____ No

Are you available to work late nights? _____ Yes _____ No

Are you available to work Saturday's? _____ Yes _____ No

Are you available to work Sunday's? _____ Yes _____ No

Can you travel if required by this position? _____ Yes _____ No

Have you ever been previously employed by our organization? _____ Yes _____ No

Can you, after employment, submit verification of your legal right to work in the United States?
 _____ Yes _____ No

Are you 18 years of age or older? _____ Yes _____ No

If under 18, applicant will be required to submit a work permit as required by the state or federal laws.

Availability- To help us consider you for a job that matches your availability, please tell us the earliest time and the latest time you can work each day.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Earliest Time							
Latest Time							

Employment History

Please provide all employment information of your past four employers starting with the most recent.

If currently employed, may we contact your employer? ___ Yes ___ No

Employer: _____ Position Held: _____
Address: _____ Telephone #: _____
Immediate Supervisor and Title: _____
Dates Employed: From _____ To _____ Salary: _____
Job Summary: _____
Reason for Leaving: _____

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Immediate Supervisor and Title: _____
Dates Employed: From _____ To _____ Salary: _____
Job Summary: _____
Reason for Leaving: _____

Have you ever been convicted of a felony? ___ Yes ___ No

If yes please identify the crime for which you were convicted, date of the conviction and the location of the court in which you were convicted.

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List School Name, Location, Years Completed, Course of Study, and any Degrees Earned:

High school: _____

College: _____
Technical Training: _____
Other: _____

References

List 3 people (no relatives) you have worked with and whom we may contact for a reference if necessary.

Name: _____ Phone: _____ How Long? _____

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I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____

Submit Completed Application to:
St. Croix Harley-Davidson & Buell, Inc.
Human Resources Manager
2060 Hwy 65
New Richmond, WI 54017